MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

≡62-026090
STATE FILE NUMBER

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **896**

FILED AUG 1 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
- a. COUNTY: Buchanan
- b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, — Length of stay in 1b: 59 years
- c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
- a. STATE: Missouri — b. COUNTY: Buchanan
- c. CITY OR TOWN: St. Joseph, — Inside Limits: Yes ☒ No ☐
- d. STREET ADDRESS (If outside, give location): 2911 Angelique St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
- First: THOMAS — Middle: J. — Last: CARTER

4. DATE OF DEATH — Month: July — Day: 30 — Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 5, 1879
9. AGE (last birthday): 83 — IF UNDER 1 YEAR Months/Days — IF UNDER 24 HR Hours/Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (City and state or country): Elmo, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joshua A. Carter
13b. MOTHER'S MAIDEN NAME: Sofronia Ann Bovard
14. NAME OF HUSBAND OR WIFE: Nellie C. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT — Address: Mrs. Nellie C. Carter-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease	unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	with Pulmonary Edema & Shock	
DUE TO (c)	Probably due to a Coronary occlusion	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY — Hour: a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

M.H. Christ, M.D. — MEDICAL CERTIFICATION

21. I attended the deceased from **1956**, to **July 30, 1962** last saw her alive on **July 30, 1962**
Death occurred at **11:55 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin H Christman M.D.
22b. ADDRESS: 6106 Kings Hill Ave.
22c. DATE SIGNED: 8-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: August 8, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clara Hasdell

(Licensed Embalmer's Statement on Reverse Side)

Permit received 8/2/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Raymond H Troy_____
       Signature of Student Embalmer

Licensed Embalmer No. _5747_

P. O. Address _St Joseph Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.